



# Power Lockout, JSA and Industrial Machine Guarding Seminar

October 2, 2002



## Seminar Agenda

- ◆ Hazard Identification and Machine Guarding
- ◆ Job Safety Analysis (JSA)
- ◆ Employee Safety Training
- ◆ Power Lockout

## Seminar Details

Date: October 2, 2002

Cost: \$45.00 Includes lunch and program materials

Time: Registration: 8:30 a.m., Program: 9:00 a.m. - 4:00 p.m.

**Registration: Call: Continuing Education Services**

**Phone #: (734) 462-4448**

**Deadline: September 25, 2002**

Location: Schoolcraft College

MC110 - McDowell Center

18600 Haggerty Road

Livonia, Michigan 48152

Call the Consultation Education and Training Division,  
for program information only, at (517) 322-1809.

All meetings are accessible and barrier free. The Division on Deafness will provide assistance in locating assistive listening devices or interpreters with advanced notice at (517) 334-8000 or 1-800-SAY ABLE T/V.

### 24-Hour Fatality/Catastrophe Hot Line 1-800-858-0397

Notify the Department of Consumer & Industry Services within 8 hours of any fatality, or hospitalization of 3 or more employees suffering injury or illness from the same incident.

## Registration - Fall 2002 Power Lockout, JSA and Industrial Machine Guarding

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Amount Enclosed \$ \_\_\_\_\_ ☐ Check ☐ Money Order ☐ Visa/MC ☐ Discover

\*Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Signature required for charge card payment.

Refund checks are issued to students rather than charge card credits

### Course # 2-1298

#### Mail to:

Schoolcraft College  
Cashier: CES Classes  
18600 Haggerty Rd.  
Livonia, MI 48152-2696

### Section # 949907

#### Fax to:

With a Charge card  
number you can fax  
your registration to:  
(734) 462-4572

**Company-paid tuition: Please send a copy  
of your purchase order when you register.**

Co. Name: \_\_\_\_\_

Co. Address: \_\_\_\_\_

Billing Contact Person: \_\_\_\_\_

PO#: \_\_\_\_\_